

PCMP Required Services

What medical home services must PCMPs provide to ACC members?

PCMPs must deliver their services using an approach that is centered on the ACC member and his or her family, oriented to the whole person, and provided in partnership with the member. PCMPs must take an active role in coordinating member care and focus on care outcomes, and help members be active in their care by educating them about their options and giving them easy access to their medical records.

Members are assigned a PCMP because it is important for a member to have care that is consistently provided by the same provider as often as possible, to allow for a true partnership to develop between provider and member.

The RCCO will work to meet standards for care access by ensuring 24/7 phone coverage in the region with access to a clinician that can triage, and a place to direct members for evenings and weekend hours. In addition, a PCMP must aim to meet standards for care access, using strategies such as:

- Appointment scheduling within 48 hours for urgent care;
- 10 days for symptomatic, non-urgent care;
- 45 days for non-symptomatic routine care; and
- Short waiting times in the reception area.

What administrative activities must PCMPs do to participate in the ACC?

PCMPs must be committed to operational and fiscal efficiency, and be willing to track performance and process improvement activities, such as improving tracking and follow-up on diagnostic tests, improving care transitions, and improving care coordination with specialists and other Medicaid providers.

The RCCO is available to support PCMPs in this work, and the PCMP must be willing to work with the RCCO on medical management and care coordination of members. The RCCO will assist PCMPs in implementing practice improvement tools in such areas as assessments, visit agendas, screenings, member self-management tools and care plans.

As a PCMP, will I need to make referrals for the member to see a specialist?

Yes, for some services. When a referral is necessary, you will communicate directly with the specialist you are referring to. Members do not need a referral for (the following is not all-inclusive):

- Anesthesiology services
- Behavioral health services
- Dental services
- Emergency and non-emergency transportation Family planning services
- Pregnancy care
- Well check-ups for children (age 18 and younger)

Are providers expected to meet all of the Medical Home principles at the time of member enrollment?

No. The Department understands that many of the practices may not immediately meet all or many of the Medical Home principles. The Department expects that practices will have clear plans and timelines for working towards becoming a Medical Home provider. We understand that this will be a process requiring time and system change.